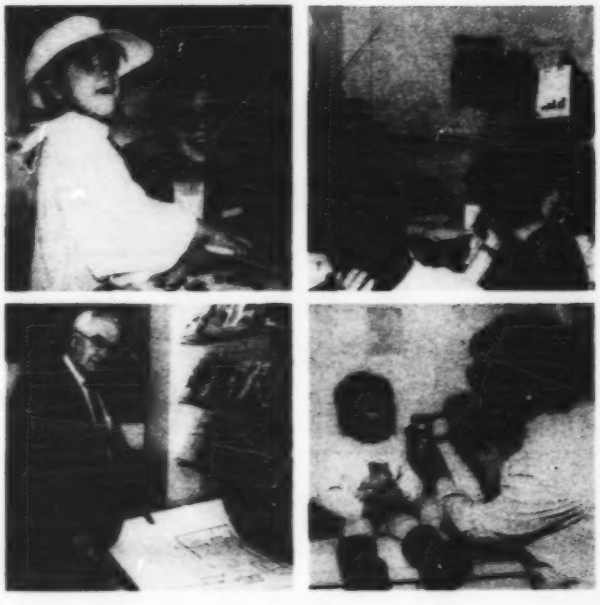
Health Department Annual Report 1990



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city of Regina

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City of Regina Health Department
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Branch Office: 204 Wascana Street
(306) 777-6600

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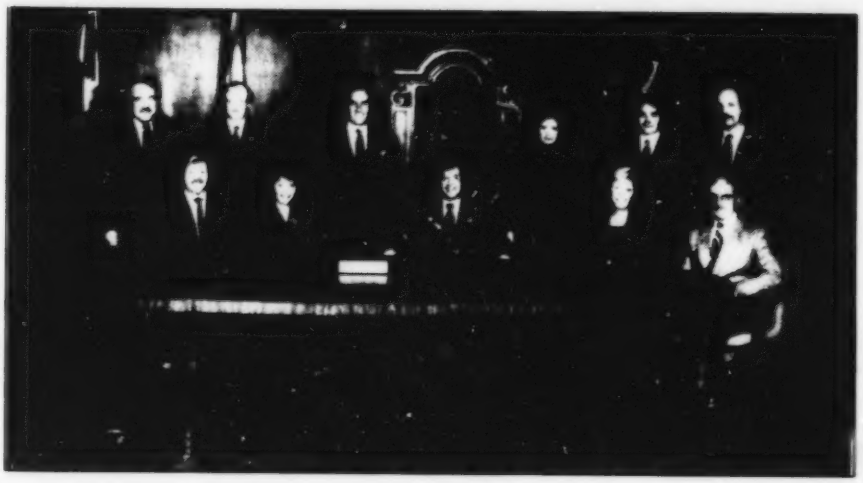
Regina City Council



Standing (L to R): T. Cholod, R. E. Langgard, J. Lipp, D. J. Hincks, D. Young, W. A. Wells.

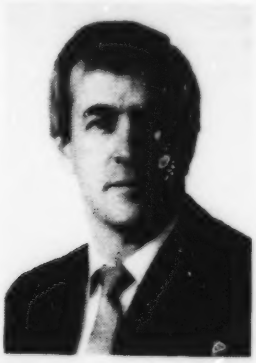
Seated (L to R): W. E. Gray, D. E. Hamilton, His Worship D. Archer, G. Helmsing, W. J. McKeown.

Board of Health[1]

Councillor D. Young, Chairperson
Councillor D. E. Hamilton, Vice-Chairperson
Councillor G. Helmsing
Councillor W. E. Gray
Councillor W. J. McKeown
His Worship Mayor D. Archer, Ex-officio

[1]The Community Services Committee is comprised of the same members.

Senior Administration



City Manager,
A. R. Linner

Senior Director, Planning and Community Services Directorate
L. Walker (Nov. - Dec.)

Senior Director, Community and Social Services Directorate
J. Spencer (Jan. - Oct.)

Management Team of the Health Department

MEDICAL HEALTH OFFICER
Patricia A. Hutchison, M.D., F.R.C.P. (C)

ASSISTANT MEDICAL HEALTH OFFICER[1]
Paul Hasselback, M.D., M.Sc., C.C.F.P., F.R.C.P. (C)

HEALTH EDUCATOR
Health Education Division
Lynn Greaves, B.A., Dip.Ed.

Lifestyles Promotion • Educational materials • Promotional events • Program development • Conference Coordinator • Media Relations • Quit for Good Program

ADMINISTRATIVE SERVICES COORDINATOR
Administrative Services Division
Carol Lewis

Support Services • Budget and Personnel • Coordination • Property Management • City Central Liaison

BIOSTATISTICIAN[2]
Biostatistics Division
Sharon Miller, B.Comm.

Computer Applications • Statistics • Research and Planning • Program Evaluation • Annual Report

DIRECTOR
Public Health Nursing Division
Dolores Ast, R.N., B.Sc.N. Cert. Admin., Cert. H.C. Admin.

Communicable Disease Control • Immunization • Health Education • Native Health Program • Infant, Pre-school and School Services • Family Life Education • Street Project • Adult Health • Day Care

SENIOR NUTRITIONIST
Nutrition Division
Jan Ayer, B.Sc., M.P.H., P.Dt.

Nutrition Education • Presentations • Media • Inservice Education • Consultation • Resource Preparation

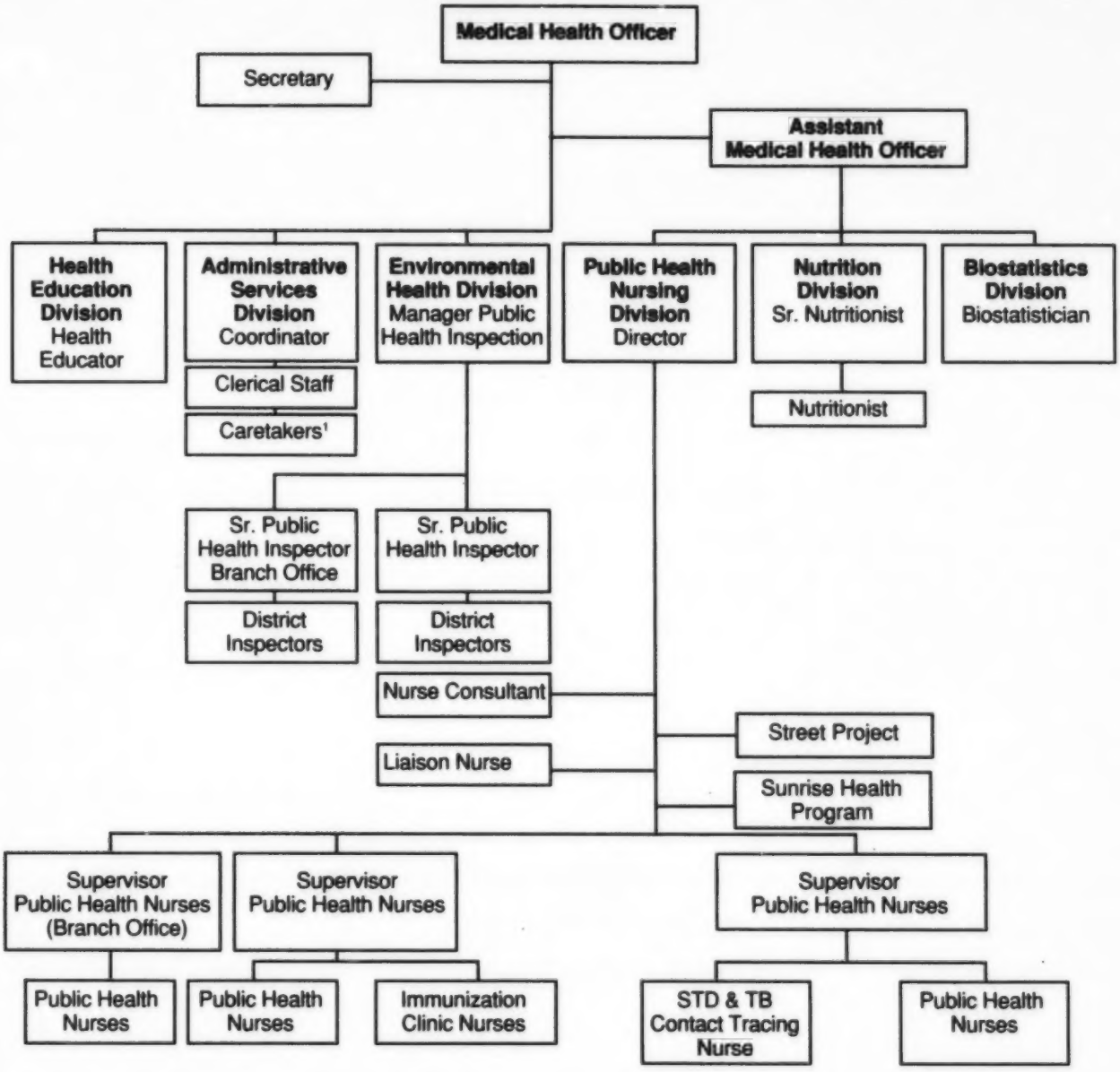
MANAGER, PUBLIC HEALTH INSPECTION
Environmental Health Division
Mike Markewich, C.P.H.I.(C)

Legislation Enforcement • Communicable Disease Control • Food Protection • Water Quality • Health Education • Property Control • Animal Insect & Vermin Control

[1] Dr. Dorothy Pitula-Grocott was A/Assistant Medical Health Officer from January to July.

[2] Joyce Roll was A/Biostatistician from January to April

Health Department Organization Chart



[1]Facilities Department staff assigned to the Health Department

Mission of the Health Department

To protect, promote and improve the health of Regina citizens and to prevent and control disease through the use of a coordinated community approach to education, program provision, and maintenance of public health standards.

Goals

To prevent and control communicable disease in Regina.

To ensure that public health standards are maintained.

To maintain an up-to-date database relative to communicable disease incidence and vital statistics.

To provide programs to meet preventive health needs.

To provide health education services and programs to all citizens of Regina.

To work in cooperation with other city and government departments and community groups to deliver preventive health services.

To act as an advocate in dealing with health issues.

Report of the Medical Health Officer

Dr. P. A. Hutchison
Medical Health Officer

Writing an annual report provides one with the opportunity to review the previous year's events.

This year, I have noticed the frequent citing by media, governments and others of wellness and preventive health services as important in the promotion of individual and community health. The report of the Murray Commission on Future Directions in Health Care recognized this. In addition, the Minister of Health's Advisory Committee on Health Promotion developed "Healthy Living Goals" for Saskatchewan with a target of their realization by the year 2000. The City of Regina Health Department had input, along with other agencies, into both of these endeavours. Furthermore, the City itself has been considering social policy and how it can be formulated to promote a vibrant, healthy city.

During 1990, a number of events and projects were initiated or completed as follows:

Health Grant Negotiations

The City of Regina Health Department, Saskatoon City and the Saskatoon Community Health Unit negotiated with the Saskatchewan Health Community Health Services Branch for a graduated increase in the Health Grant through to the year 2003. The resulting recommendation has been forwarded to the Minister of Health. We hope that an early approval will be forthcoming.

Public Health Act

The present Act was first passed in 1908 and the last major revision was done in 1965. Therefore, Saskatchewan Health's initiative to update and revise the Act is welcomed. Input is being obtained from many stakeholders including the Regina Health Department. It is hoped a new Act will be passed by 1992.

Street Project

This pilot project began in late 1990 with the objective of reducing high risk behaviours which spread HIV and STD infection within the target groups and their sexual partners. Staff have direct one-to-one contact with and provide education, counselling, materials and referral for Regina's street oriented youth, sex trade workers and drug users. Community response has been positive. A grant from Saskatchewan Health helped make this project possible.

Communicable Disease Control

An increase in Hepatitis B carriers has been reported and shigellosis has shown an increase. Most of the latter increase is an importation phenomenon. Reported cases of salmonella decreased markedly in 1990. There was a report of a major food poisoning outbreak occurring in a school in December which is discussed in the Food and Water section of this report. An increase in respiratory tuberculosis cases was reported with 12 in 1990 and two in 1989; these are mostly reactivations. The number of reported AIDS cases was five, as in 1989, and the number of reported HIV infections was 15, with four in 1989. We believe the latter represents a reflection of infection acquired in past years. It is impossible to predict future incidence.

Malaria Prophylaxis for Travellers

Late in 1990 the Health Department became involved in a national study of a new drug used for the prevention of malaria in travellers. This opportunity arose through an invitation from the federal government to be the sole investigation site in Saskatchewan. This allows the City of Regina Health Department to be able to provide our citizens the best and most up-to-date medication for international travellers.

Immunization Study

In June 1990, our public health nurses reviewed the immunization records of students with 1983 births who were in Grade 1. Analysis of results showed that over 95% of these children had up-to-date immunization for diphtheria, tetanus (lockjaw), polio, measles, mumps and rubella while the figure was 92% for whooping cough. This is a tribute to the hard work of public health nurses and the recognition of the importance of immunization on the part of Regina parents.

Evening Child Health Clinic

In October 1990, in response to public request, the department began offering child health clinic and immunization services one evening a week to parents and their children who have difficulty attending regular daytime clinics.

Child Hunger

The Health Department has made an important contribution to fighting child hunger in Regina. Kay Yee, a nutritionist with the department has been given a Merit Award by the Canadian Association of Municipal Administrators (CAMA) for her work with the Regina Food for Learning Project. She had been assigned half-time to the project and has been involved in setting standards for meals, menu development, staff and volunteer training and writing a procedure manual. The Food for Learning Project is innovative because it encompasses not only meal programs but also nutrition education, community development and awareness.

Nobody's Perfect Program

A program for parents with limited resources and access to counselling was developed by Health and Welfare Canada and piloted in Atlantic Canada and Manitoba. The program, new to Regina, is now being run by public health nurses who provide information and counselling to parents.

Wellpower Program

The Health Department has played an active role in promoting the City of Regina's workplace wellness program. The name and logo for the program were developed by Health Department staff.

Heart Health

During 1990, the results of the Heart Health Survey conducted throughout Saskatchewan became available. Heart disease is one of the two most common causes of death and is adversely influenced by a number of factors including smoking, high cholesterol levels and hypertension. The department continues to be represented on a province-wide Coalition Planning Strategy Committee aimed at reducing incidence of disease.

Smoking

The department, in its advocacy role, took a report to Council recommending that every restaurant in Regina with more than 25 seats have 50% of its seating non-smoking. This has been referred for public input and will be considered by Council again in 1991.

Environmental Awareness and Action Committee

"The Environment" was the theme of the 1990 annual Saskatchewan Public Health Association meeting. Following this, the department formed a committee represented by all employment groups to consider how we, in our professional and personal lives, can promote and practice environmental awareness. This has been an enthusiastic committee and provides a report at staff meetings held monthly.

Awards

In addition to the CAMA Award mentioned above, the department employees were again successful in winning the Davidson Challenge, a yearly contest with other Saskatchewan health units aimed at promoting cardiovascular fitness.

A paper was also accepted at the Canadian Public Health Association meeting in Toronto from the Sunrise Health Program (native health), with Stella Sharman as presenter.

Commission on Directions in Health Care

The department prepared a response to the above report pointing out that it was important that preventive health services be assured and that an extra financial burden not be imposed on the City.

Administration

Late in 1990, a reorganization took place in the City's senior management, affecting the Directorate to which the department belongs.

In August we welcomed the appointment of a permanent assistant medical health officer in the person of Dr. Paul Hasselback. We have been most appreciative of the services of our contract Acting Assistant Medical Health Officer, Dr. Dorothy Grocott, who served with the department from 1984 to July, 1990.

1990 Budget

The budget required to operate health programs of the department in 1990 amounted to $3,240,200 (excluding facilities) of which 47.9% was from the Provincial Health Grant, 51.5% was City of Regina funds, and 0.6% from program fees. This represents $18.12 per capita.

Future Plans

These are addressed in strategic planning initiatives carried out annually.

The department has plans to establish a liaison committee with school board administrators to better coordinate our services.

We are looking at placing our Travel Clinic on an appointment basis to better serve our travelling public.

The amendment to the Smoking Bylaw requiring establishment of non-smoking areas in restaurants will be presented to Council early in 1991.

Our Street Project needs to become more firmly established and funded more securely. We have applied for renewed funding from Saskatchewan Health for 1991-92.

Final approval of the Saskatchewan Health Grant needs to be forthcoming from the province in order to allow better planning of City of Regina Health programs.

Our central office is very overcrowded producing problems in efficient delivery of services. Additional space is required and the department is looking at alternatives.

A nationwide shortage of public health inspectors has prompted the department to work with Human Resources in developing a city bursary program to deal with future shortages and retirements.

We are continuing to develop applications for the department's computer network. It is hoped that when the provincial immunization computer pilot project is completed, we will have the opportunity to become part of a province-wide program.

Last but not least, the Healthy Community concept abroad in Canada is a worthwhile project. We hope that Regina can enter more formally into this endeavour and in so doing forge more extensively the partnerships we have within the community.

Conclusion

I would like to take this opportunity to recognize and thank a dedicated staff for their services during 1990 as well as thank the Board of Health, City Council, the Senior Director and member departments of the Community and Social Services Directorate and general administration of the City for their support. The department also has considerable interaction with the media and I thank them for their interest and support.

Respectfully submitted,

P.A. Hutchison, M.D., F.R.C.P.(C)
Medical Health Officer

Overview

The population of the City of Regina was estimated to be 178,792, as of June 30, 1990. This is an increase from the 1989 total of 178,348, but still below the 1988 level of 179,400.

At 2,819 births, Regina experienced a birth rate of 15.8, the lowest rate since 1940. There were 1,091 deaths throughout the year in Regina and a natural increase in population of 1728. Due to the low birth rate, Regina's natural increase is at one of the lowest levels since the early 1970's.

Infant mortality and neonatal mortality rates were down from previous years, following the declining trend of the past 20 years. Perinatal mortality rates did rise during 1990 to 12.7 deaths per 1000 live births and stillbirths. As the increase was small, it is difficult to determine its significance.

Table 1. Health statistics summary, Regina, 1986 to 1990

		1990	1989	1988	1987	1986
Population[1]		178,792	178,348	179,400	178,520	176,231
Live births	- number	2,819	2,982	3,072	3,114	3,179
	- rate[2]	15.8	16.7	17.1	17.4	18.0
Deaths	- number	1,091	1,019	1,133	1,127	1,103
	- rate[2]	6.1	5.7	6.3	6.3	6.3
Natural increase	- number	1,728	1,963	1,939	1,987	2,076
	- rate[2]	9.7	11.0	10.8	11.1	11.8
Infant mortality[5]	- number	33	24	33	31	35
	- rate[3]	11.7	8.0	10.7	10.0	11.0
Neonatal mortality[6]	- number	23	17	20	17	19
	- rate[3]	8.2	5.7	6.5	5.5	6.0
Perinatal mortality[7]	- number	36	26	33	29	31
	- rate[4]	12.7	8.7	10.7	9.3	9.7
Stillbirths	- number	18	11	16	20	16
	- rate[3]	6.4	3.7	5.2	6.4	5.0

[1]Source: Saskatchewan Health
[2]per 1000 population
[3]per 1000 live births
[4]per 1000 live births and stillbirths
[5]Deaths of infants less than one year of age
[6]Deaths of infants less than one month of age
[7]Deaths of infants less than one week of age plus stillbirths

Births

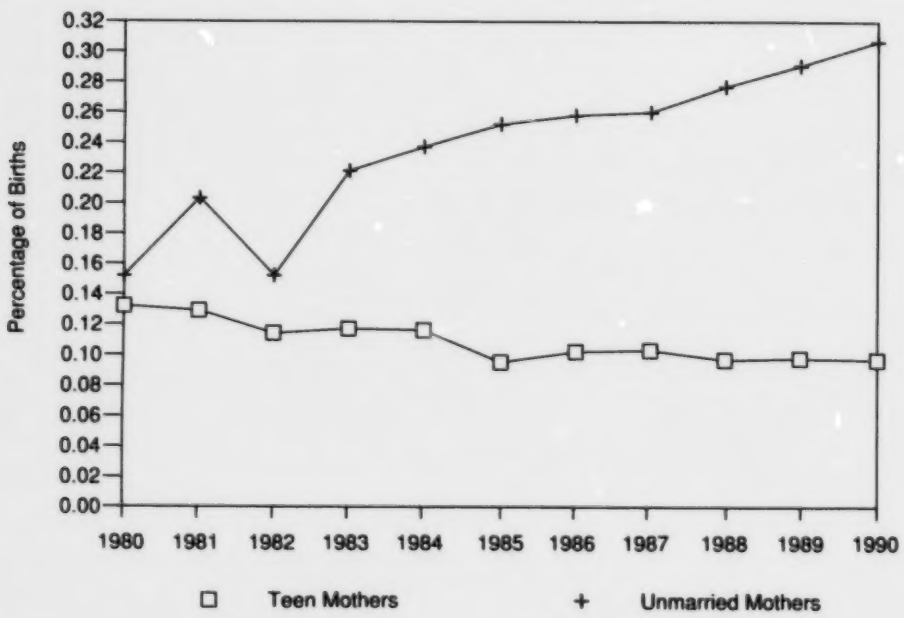
The birth rate in Regina is at its lowest level since 1940. Of the 2,819 total births, over 28%, 808 babies, were born to single mothers. Throughout the year, there were 269 births to teenagers. The percentage of births to teens has fallen slightly from 1989 at 9.8% to 1990 at 9.5% of the total.

Table 2. Regina births by age and marital status of mother, 1990

	Marital Status					Total Births	
Age	Married	Divorced	Widowed	Single	Unknown	Number	Percent
10-14	0	0	0	3	-	3	0.1
15-19	20	0	0	246	-	266	9.4
20-24	316	9	1	324	-	650	23.1
25-29	890	20	1	165	-	1076	38.2
30-34	567	16	2	55	-	640	22.7
35-39	122	7	1	14	-	144	5.1
40-44	16	0	0	1	-	17	0.6
Unknown	-	-	-	-	23	23	0.8
Total	1931	52	5	808	23	2819	
Percent	68.5	1.8	0.2	28.7	0.8		100.0

Compared with the past two years, a greater proportion of the single births are to older mothers. This trend is graphically illustrated in Figure 1. Of the total single births, 23% and 26% were to mothers 25 years of age and older, for 1988 and 1989. In 1990, 29% of single births were to mothers 25 years and older.

Figure 1. Regina births by unmarried and teenage mothers, 1980 to 1990



Deaths

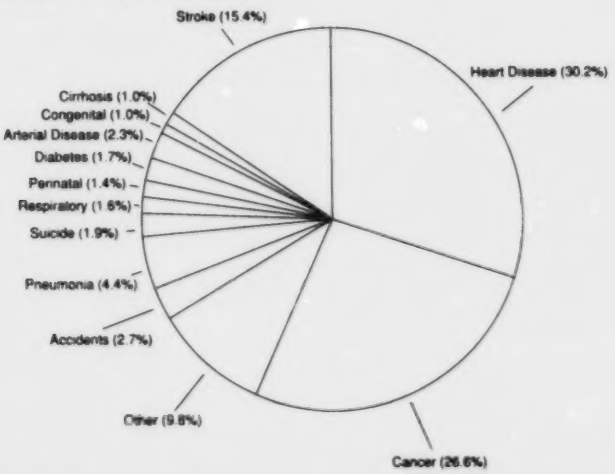
There were 1,091 deaths in Regina during 1990. The death rate, at 610.2, has increased from the 1989 level of 571.4. As in the past, heart disease is the largest cause of death with cancer being the second largest. Close to 57% of these deaths are attributable to heart disease and cancer.

Table 3. Deaths by major cause, 1989-90

	1990		1989	
	No.	Rate[1]	No.	Rate[1]
Heart disease	329	184.0	312	174.9
Malignant neoplasms	290	162.2	262	146.9
Cerebrovascular disease	107	59.8	90	50.5
Pneumonia	48	26.8	45	25.2
Accidents	29	16.2	31	17.4
Suicide	25	14.0	20	11.2
Diseases of the arteries	21	11.7	25	14.0
Diabetes mellitus	19	10.6	14	7.8
Bronchitis, emphysema and asthma	18	10.1	8	4.5
Certain causes of perinatal mortality	15	8.4	15	8.4
Congenital malformation	11	6.2	3	1.7
Cirrhosis of the liver	11	6.2	8	4.5
Other causes	168	94.0	186	104.3
Total Deaths	1091	610.2	1019	571.4

[1]per 100,000 population

Figure 2. Deaths by major cause, 1990



Potential years of life lost (PYLL) is a measure of premature mortality. In Regina it has been measured as the years of life lost before age 75, the average life expectancy. It has been calculated by major causes of death, as well as for male and female subpopulations (Table 4). PYLL provides a more accurate picture of premature mortality by weighting deaths occurring at younger ages more heavily than those occurring in older populations.

It is interesting to note the contrast PYLL has with the death rates. Cancer has the highest rate of PYLL, whereas heart disease has the highest death rate. Where heart disease is the number one cause of death, cancer is the number one cause of premature mortality. Even though the number of deaths are small, 15 in 1990, perinatal mortality has a high PYLL rate due to the young age of its victims.

Table 4. Potential years of life lost (PYLL) by major cause of death & sex, 1990

Cause of Death	PYLL			PYLL Rate		
	Male	Female	Total	Male	Female	Total
Heart disease	1046	369	1415	12.3	4.3	8.3
Malignant neoplasms	1242	1339	2581	14.6	15.7	15.1
Cerebrovascular disease	216	203	419	2.5	2.4	2.5
Accidents	341	332	673	4.0	3.9	3.9
Pneumonia	68	34	102	0.8	0.4	0.6
Diseases of the arteries	20	21	41	0.2	0.2	0.2
Bronchitis, emphysema and asthma	23	22	45	0.3	0.3	0.3
Certain causes of perinatal mortality	675	450	1125	7.9	5.3	6.6
Diabetes mellitus	78	18	96	0.9	0.2	0.6
Suicide	728	199	927	8.6	2.3	5.4
Congenital malformations	447	300	747	5.3	3.5	4.4
Cirrhosis of the liver	50	45	95	0.6	0.5	0.6
Other causes	1284	707	1991	15.1	8.3	11.7

Population

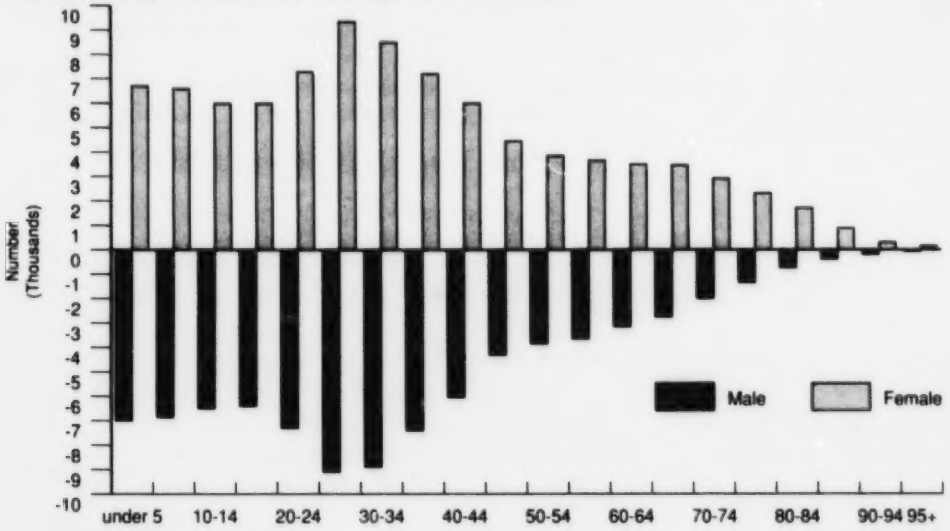
Regina's population for 1990 is found in Table 5. It is broken down on the basis of age and sex of residents. Under 20 years of age, a greater proportion of the population is male. Between 40 and 60 years, the proportion of males and females is comparable. After 60 years of age, however the proportion of females rises significantly. This is pictured in Figure 3.

Table 5. Population of Regina by age and sex, 1990

Age Group	Population			Percent		
	Male	Female	Total	Male	Female	Total
Under 1	1374	1281	2655	0.8	0.7	1.5
1-4	5640	5352	10992	3.2	3.0	6.1
5-9	6891	6536	13427	3.9	3.7	7.5
10-14	6357	6055	12412	3.6	3.4	6.9
15-19	6283	6042	12325	3.5	3.4	6.9
20-24	7348	7393	14741	4.1	4.1	8.2
25-29	9088	9126	18214	5.1	5.1	10.2
30-34	8668	8495	17163	4.8	4.8	9.6
35-39	7469	7342	14811	4.2	4.1	8.3
40-44	5998	6069	12067	3.4	3.4	6.7
45-49	4379	4452	8831	2.4	2.5	4.9
50-54	3848	3889	7737	2.2	2.2	4.3
55-59	3650	3644	7294	2.0	2.0	4.1
60-64	3250	3490	6740	1.8	2.0	3.8
65-69	2798	3457	6255	1.6	1.9	3.5
70-74	2040	2932	4972	1.1	1.6	2.8
75-79	1457	2389	3846	0.8	1.3	2.2
80-84	805	1572	2377	0.5	0.9	1.3
85-89	412	864	1276	0.2	0.5	0.7
90-94	130	361	491	0.1	0.2	0.3
95+	40	126	166	0	0.1	0.1
Total	87925	90867	178792	49.2	50.8	100.0

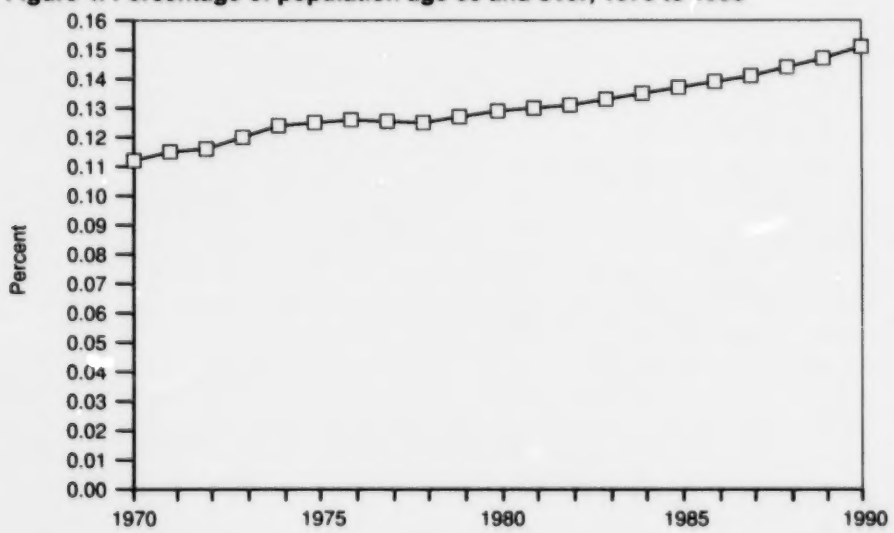
Source: S.H.S.P. Covered Population

Figure 3. Regina population by age and sex, 1990



The aging of Regina's population can be seen in Figure 4. A continually larger proportion of the population is in the over 60 age group.

Figure 4. Percentage of population age 60 and over, 1970 to 1990



Communicable Disease Control

Outbreak Investigation

An outbreak of gastroenteritis due to picornavirus occurred in a Regina nursing home in November. Twenty-seven residents and 29 staff developed illness with no serious adverse outcomes. Another outbreak occurred when ringworm was transferred from an infected rabbit in a school to seven students.

Sentinel Health Unit Enteric Disease Study

In May, the Health Department completed its contribution to the national Sentinel Health Unit Enteric Disease Study (SHEDS). In total, 50 cases of Campylobacter infections were investigated during the two year study. Final results are still pending from the federal organizers.

Enteric Diseases

In total, 276 cases of enteric disease were identified in 1990. Analyses of investigations revealed that travel outside of Regina accounted for one third of infections, secondary transmission was documented in 20% of cases, and no specific source was found for another one-third. A specific food source was rarely identified.

Table 6. Cause of enteric disease in Regina, 1990

Cause	Number of Cases
Giardia	131
Campylobacter	56
Salmonella	49
Shigella	14
E. Coli (verotoxic)	13
Other	13
Total	276

Vaccine Preventable Diseases

No diphtheria, tetanus, polio, measles or rubella cases were diagnosed during the year. Pertussis (Whooping cough) remained endemic in Western Canada and 13 cases were diagnosed among Regina residents.

Hepatitis

Five cases of Hepatitis B acute infection and 41 carriers were reported during the year. No specific risk factors were identified for the acute cases. Most carriers are from endemic areas. Eleven cases of Hepatitis A were diagnosed and immunoglobulin provided to contacts. Two cases of Hepatitis C were diagnosed as laboratory testing for this disease became available.

Tuberculosis

Fourteen cases of tuberculosis were diagnosed in 1990, two, non-respiratory. Investigation, treatment and surveillance is provided through the provincial tuberculosis clinic.

Rabies

Fifteen persons received rabies prophylaxis for exposure to animals who were suspected or proven to have rabies, or were lost to investigation.

Invasive Haemophilus Influenza Type B and Meningococcal Disease

Twelve cases of these invasive diseases were reported. Rifampin prophylaxis was routinely provided to all household contacts of meningococcal disease and to appropriate contacts of Haemophilus disease.

Program Committee

The communicable disease program committee was struck late in the year to review current practices and make recommendations regarding future approaches to the control of communicable disease.

Table 7. Communicable disease cases reported in Regina, 1989-90

	Number		Rate[1]	
	1990	1989	1990	1989
Amoebiasis	7	7	3.9	3.9
Campylobacteriosis	56	69	31.3	38.7
Cytomegalovirus	0	2	0	1.1
Chicken pox	731	374	408.9	209.7
Diphtheria-Cases	0	0	0	0
Diphtheria-Carriers	0	0	0	0
E.coli Gastroenteritis (predominantly 0:157)	13	36	7.3	20.2
Gastroenteritis	272	276	152.1	154.8
Giardiasis	137	98	76.6	54.9
Haemophilus influenzae-type b (not meningitis)	7	4	3.9	2.2
Hepatitis A	11	18	6.2	10.1
Hepatitis A Clinical	0	1	0	0.6
Hepatitis B	5	11	2.8	6.2
Hepatitis B Carrier	41	32	22.9	17.9
Hepatitis-non A non B	2	6	1.1	3.4
Hepatitis-Unspecified	0	0	0	0
Influenza-Type A	1	5	0.6	2.8
Influenza-Type B	0	0	0	0
Legionellosis	0	0	0	0
Malaria	2	4	1.1	2.2
Measles	0	0	0	0
Measles Clinical	0	0	0	0
Meningitis (Bacterial)	4	10	2.2	5.6
Meningococcus	1	1	0.6	0.6
Haemophilus	3	8	1.7	4.5
Pneumococcus	0	0	0	0
Other	0	1	0	0.6
Meningococcal disease (not meningitis)	1	1	0.6	0.6
Mumps	5	4	2.8	2.2
Parasitic Skin Disease	726	639	406.1	358.3
Other Parasitic Diseases	0	8	0	4.5
Paratyphoid	0	0	0	0
Pertussis (Whooping Cough)	13	13	7.3	7.3
Polio	0	0	0	0
Psittacosis	0	0	0	0
Rubella	0	17	0	9.5
Rubella Clinical	0	0	0	0
Salmonellosis	49	83	27.4	46.5
Shigellosis (Bacillary Dysentery)	14	2	7.8	1.1
Tuberculosis				
Respiratory	12	2	6.7	1.1
Other	2	4	1.1	2.2
Typhoid(imported)	1	2	0.6	1.1
Viral Meningitis-Encephalitis	11	6	6.2	3.4
Western Equine Encephalitis	0	0	0	0
Yersiniosis	1	3	0.6	1.7

[1] per 100,000 population

Communicable Disease Investigation

Public health nurses investigate cases of communicable disease through phone calls, home visits and screening of clients at department offices, schools and day care centres. There were 10% more school children screened in 1990 than in 1989, primarily for pediculosis.

Table 8. Communicable disease investigation[1], 1989-90

	1990	1989
Home Visits	660	530
Day care/Nursery schools-children screened	1680	894
Schools-children screened	12,933	11,697

[1]Excludes sexually transmitted disease follow-up.

Rheumatic Fever Program

This program provides penicillin or sulphadiazine to clients with rheumatic fever who are registered with the program. In 1990, there were no admissions to the program. Six clients were discharged leaving nine clients on the program at the end of the year.

Sexually Transmitted Diseases

The prevention and control of sexually transmitted diseases have always been a major thrust of health departments. In recent years, the problem of AIDS has heightened these efforts even more.

In 1990, reported cases of gonorrhea decreased from 208 in 1989 to 173 in 1990; Chlamydia remained steady with 745 in 1989 and 750 in 1990. The increase in reported cases of herpes genitalis from 97 in 1989 to 135 in 1990 is felt to indicate a reporting phenomenon. The incidence of symptomatic AIDS has remained steady at five each year. The reported increase of asymptomatic HIV infection (5 in 1989 to 15 in 1990) represents delayed reporting, but nevertheless needs to be carefully monitored.

Table 9. Sexually transmitted disease cases reported in Regina, 1989-90

	Number		Rate[1]	
	1990	1989	1990	1989
Gonococcal	173	208	96.8	116.6
Ophthalmia neonatorum	0	0	0	0
Syphilis	0	1	0	0.6
Herpes genitalis	135	97	75.5	54.4
Chlamydial infection	750	745	419.5	417.7
Urethritis unspecified	9	15	5.0	8.4
AIDS	5	5	2.8	2.8
HIV infection	15	4	8.4	2.2
Other	1	0	0.6	0

[1] per 100,000 population

As in the past, sexually transmitted disease takes its toll primarily among young adults and in the case of gonorrhea and Chlamydia young females, age 15 to 19.

Figure 5. Rates[1] of gonorrhea by age and sex, 1990

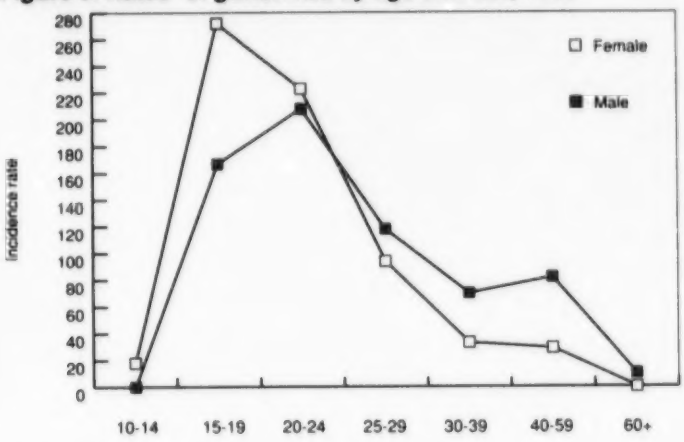
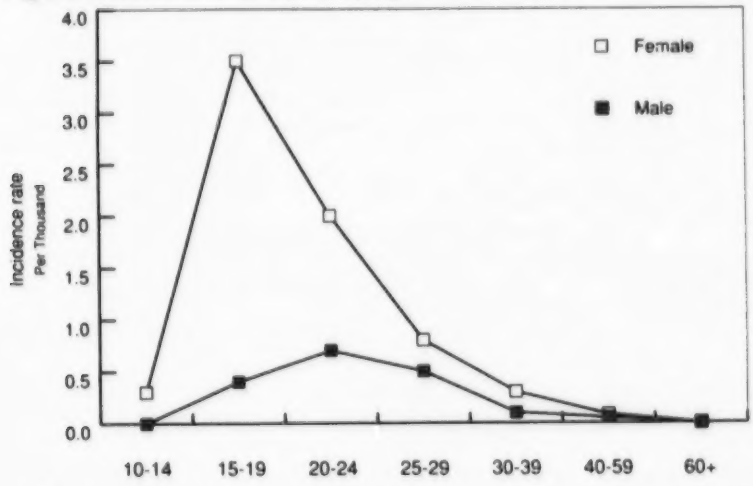
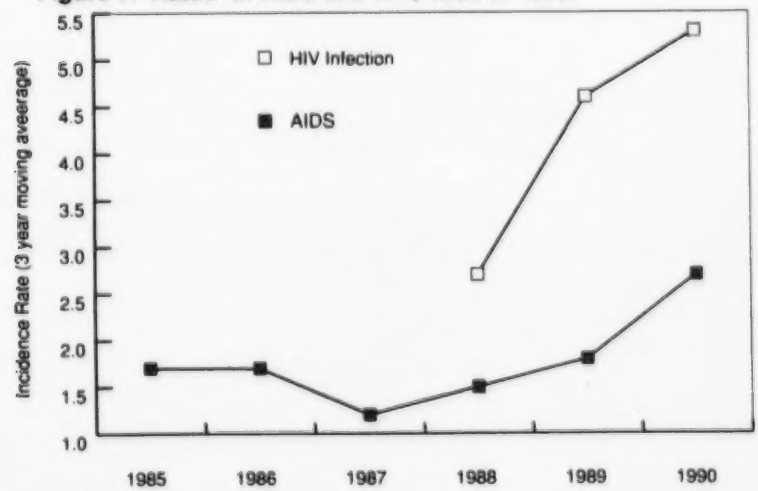


Figure 6. Rates of Chlamydia by age and sex, 1990



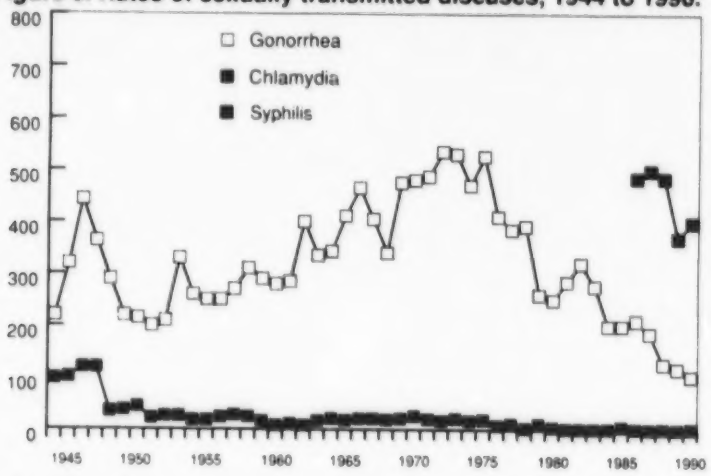
It is interesting to review the trends for sexually transmitted diseases over time. Figures are illustrative.

Figure 7. Rates[1] of AIDS and HIV, 1985 to 1990.



[1] Per 100,000

Figure 8. Rates of sexually transmitted diseases, 1944 to 1990.



Strategies for Prevention

An important preventive strategy and - in the case of AIDS - the only strategy, consists of individual awareness and responsibility along with understanding of infection and the disease process. Therefore, the department offered a number of programs and initiatives during 1990.

STD/AIDS Group Education

Public health nurses provided educational sessions to community groups and students in schools. There were 66 community sessions held with 1043 people attending. Sixty-eight school sessions were presented reaching another 1898 people.

AIDS Education

AIDS education for students was facilitated by having the following message printed on bus passes.

- Sex, drugs and rock'n roll
  You can't get AIDS from rock'n roll.

A phone number for information about AIDS prevention was also included.

AIDS Awareness Week (October 14-20)

For the third year, the Regina AIDS Coordination Advisory Committee planned a number of events to promote public awareness of AIDS. These included:

- extensive media promotion including a press conference and Mayor's proclamation.
- a comprehensive mail out of posters and brochures.
- development of coasters with the message 'Play it Safer' which were distributed during a successful 'bar sweep'.
- a variety of public education sessions.

Contact Tracing

Another strategy in the prevention and control of STD/AIDS is contact tracing and partner notification. A public health nurse is involved in follow-up of reported contacts of STD cases. A total of 273 contacts were located for follow-up.

Street Project

Midway through 1990, the department received a grant from Saskatchewan Health to establish a pilot educational outreach project. D. Martens, nursing consultant, coordinated the development of the project. This has resulted in the Street Project, an STD/AIDS education program geared towards young people living on the street, injection drug users and those involved in the sex trade. Two nurses were seconded from the STD program and the Sunrise Health Program to work in the Street Project teaching and counselling. They provided condoms for clients as well as "teach and bleach" kits for injection drug users. These nurses work "on the street" to make one-to-one contact with people at high risk of spreading AIDS. Planning for the street outreach started in October, but the nurses did not begin their street contacts until December.

Immunization

The department provides immunization through routine childhood program and special immunization programs.

Childhood Immunization Program

Routine immunization against eight diseases is provided to infants and children.

- diphtheria
- tetanus (lock jaw)
- pertussis (whooping cough)
- polio
- measles
- mumps
- rubella (german measles)
- haemophilus b disease

Immunization is provided on a voluntary basis at clinics at the department's two offices, in Regina schools and at nine child health clinic sites throughout the city.

Specific Immunization Program

Immunizations are provided to individuals who are at particular risk for hepatitis A, hepatitis B and rabies.

Table 10. Immunization visits and doses administered, Regina, 1990

	Number of visits	Number of doses of vaccine administered
Infant	7805	15195
Preschooler	8399	15864
School-age	3522	6530
Adult	1780	1784
Total	21506	39373

Travel Clinic

A total of 1294 immunization procedures were administered to international travellers.

A comprehensive review of the Travel Clinic was conducted in 1990. Procedures and recommendations were updated, information sheets produced, standardized travel recommendations prepared and a new system of client records set up. All measures will contribute to a higher quality service for clients.

Mefloquine Study

The Health Department travel services are contributing to a national drug study of mefloquine. The drug is used in the prevention of malaria in travellers going to areas of drug-resistance. The availability of the medication resulted in increased attendance at the Travel Clinic.

Hepatitis B Immunization Program

Twelve neonates born to known viral carriers received Hepatitis B immunization. In August, immunization also became available to household contacts of known carriers.

Environmental Health

The major goal of this program is to effectively control and modify environmental factors which could adversely affect the health and safety of Regina residents. To do this, the department educates the public about maintaining good public health and environmental standards and, where necessary, enforces legislation.

A total of 23,823 inspections, investigations, consultations and tests were done by public health inspectors. Staff also received and investigated 943 complaints.

Table 11. Complaints regarding the environment, 1990

Complaint	Number
Housing/properties	469
Pets	202
Wild animals/pests/insects	108
Public buildings	54
Air quality	41
Recreation areas	39
Other	30

Review of Structural Plans

The department reviews building plans for structures whose operation affects public health. A total of 177 plans for facilities such as restaurants, beauty salons, and day care centres were reviewed and approved.

Housing

Poor housing and lack of proper maintenance continue to be a concern. A total of 1,990 housing and property inspections were made. Seventy-four premises were placarded as unfit for human occupation under the Public Health Act. Of these, 44 were repaired and reoccupied and 17 were demolished. Two hundred and sixty-four complaints about housing were investigated. A total of 215 institutional facilities and 204 personal care facilities were also inspected.

Insect, Rodent and Pest Control

A program carried out in conjunction with the Community Services Parks and Recreation Department has effectively controlled rodents in Regina. Only 22 reports of rats and mice were received and investigated. The domestic pigeon control program continues to operate. However, problems due to wild pigeons appear to be increasing. There has been a marked decrease in reported insect infestations, 24 in 1990 compared to 85 in 1989.

Dog and Animal Control

The department is responsible for enforcement of a number of sections of Dog Control Bylaw No.8721 which deals with dogs on private property. The sections dealt with by the Health Department concern property clean up and kennelling of dogs. The bylaw gives the department authority to ticket dog owners, as well as initiating court action. One hundred and fourteen actions were initiated for infractions of the bylaw. Twenty-nine fines resulted.

Two hundred and fifty-two animal bites were also investigated under the rabies control program. Most reported bites are due to dogs (82%) or cats (16%).

Table 12. Animal bites by age of victim, 1990

Age	Number of bites	Percent
under 4	43	17.1
5-14	88	34.9
15-24	37	14.7
25-44	51	20.2
45-64	22	8.7
Over 65	11	4.4
Total	252	100.0

Carbon Monoxide Monitoring

The department monitors air quality in the City's indoor arenas. Inspectors conducted 79 CO tests in these facilities with few problems noted. A further 75 CO tests were also done in homes and public facilities.

Swimming Pool Inspections and Pool Operator's Course

There were 332 inspections and 925 tests carried out on swimming pools, whirlpools and water slides. Two swimming pool courses were held with 47 operators in attendance.

Smoking Bylaw No.6849

Twenty-three complaints were investigated, 627 premises visited and 963 signs issued.

Enforcement of Legislation

In order to enforce public health legislation, 522 verbal notices and 273 written orders were issued. Seven prosecutions were necessary, all of which were successful.

Environmental Action Committee

An Environmental Awareness and Action Committee was formed in September. Its mandate is to find ways for Health Department staff to become more environmentally responsible in their every day work and lives. Paper usage and wastage, smoke in the workplace and recycling household goods are issues which have been discussed.

Food and Water

Food

This program is given high priority due to the ever present threat of food-borne illness. Public health inspectors monitor all stages of food handling from warehouses to wholesale and retail outlets. A total of 2,895 inspections were carried out of public eating establishments (restaurants) and 730 inspections were made of all grocery stores, meat and fish markets, confectioneries, bakeries, bottlers and meat processors. In order to achieve compliance with public health legislation, 12 orders were issued and three hearings held.

Public health inspectors taught courses to 806 food handlers

Food Related Incidents

The department investigates reports of enteric disease and complaints of illness relating to food. The department also cooperates with federal officials in identifying tainted food and recalling food products. In 1990, 161 possible food related incidents were investigated. Of these, 16 related to foreign objects or quality of taste, 24 to persons with symptoms consistent with food poisoning where no organism was identified and 121 to individuals with enteric infections where a food source was suspected.

On December 14, a food-related incident occurred in a public school following a special meal served to 300 students. Symptoms of nausea and vomiting developed in 81 students. Investigation of the incident implicated chicken and cheeseburgers as the likely food source of the contaminant. Review of food handling practices suggested that food prepared off-site and transported in unheated containers contributed to the outbreak. Suggested recommendations were made to the firm preparing the food and to both school boards.

Food Handlers' Course

Public health legislation requires that at least one food handler on each shift in a public eating establishment have attended a food handlers' course. The department's goal is to reach all food handlers. Another step toward this goal was achieved when 806 restaurant staff attended the course, an increase of 100% over the 1989 attendance.

Water

Water Testing

Regina's water distribution system is sampled and tested regularly throughout the year. Tests are done for bacterial analysis (792) and chlorine and turbidity (2273). Although there have been some complaints regarding taste and odour, all tests indicate that Regina's water is safe.

Healthy Lifestyles

To a great extent, an individual can influence his or her potential for health by lifestyle choices. These choices are often made early in life and influenced by peer pressure and role models. The department is committed to helping Regina citizens choose healthy lifestyles.

Healthy Lifestyles Presentations

During the year, a number of staff make healthy lifestyles presentations to school students and community groups.

Lifestyles '90

Lifestyles '90 featured a number of booths and events highlighting many different lifestyle activities.

The Regina Health Department and Saskatchewan Health cooperated to have a booth which would help people become aware of ways of protecting themselves against communicable disease. Since the preventive health benefits of proper hand washing are not always understood, an active learning experience was set up in which participants got a chance to wash their hands with "Glo Germ". The importance of immunization, sexually transmitted diseases and safe food handling practises were also highlighted.

"It's fashionable not to smoke" was the theme of another Health Department booth in the Fresh Air Section of Lifestyles '90. A "Win a t-shirt" contest, bean bag throwing contest and face painting sessions helped to convey the positive lifestyle message.

Face painting and contests were part of the fun at the 'It's Fashionable Not To Smoke' booth.

Wellpower

Wellpower, the City's Wellness program, provides workshops and activities to assist employees in choosing healthy lifestyles. The senior nutritionist is a member of the committee and two department staff were responsible for creating the Wellpower name and graphic. The committee continues to adapt and improve the program. Participation has increased and evaluations have been favourable. Seven, one day nutrition workshops were provided for the program.

Healthy Lifestyle Workshop

"How can I have a healthy lifestyle?" is the theme of this workshop, developed in association with the Everyone Wins program. Its purpose is to help people assess their lifestyles and make changes which will improve their health status.

Smoking

Smoking is a modern epidemic killing over 35,000 Canadians annually. In 1990, the department continued to make further advances in combatting "Canada's number one preventable health problem".

Smoking Prevention

The average age of smoking onset in Canada is 12. This means that almost all new smokers are children who are becoming addicted at an age at which it is illegal to sell or supply them with cigarettes. Although there is federal and provincial legislation prohibiting the sale of tobacco to minors, it is out of date and new legislation is required.

NOTICE TO THE PUBLIC

The provincial Minors' Tobacco Act and the Federal Tobacco Restraint Act prohibit the sale of tobacco products to anyone under sixteen years of age.

Regina

In 1990, the department recommended to Council that the federal and provincial Ministers of Health be contacted regarding the inadequate legislation. It also recommended the City of Regina sponsor a resolution to the annual meeting of the Saskatchewan Association of Municipal Administrators (S.U.M.A.) urging the Government of Saskatchewan to examine this area and develop legislation to restrict the sale of tobacco to minors.

The department also conducted a promotional campaign aimed at informing Regina tobacco vendors and the public that it is illegal to sell tobacco to minors. Information and signs for posting were provided to proprietors of stores selling tobacco.

The department is also involved with preventive education programs. Staff provide teachers and the public with information, presentations and resources. The department's prenatal classes also emphasize the dangers of smoking to the unborn child.

National Non-Smoking Week (January 22 to 28)

Promotion of the week was done in conjunction with other agencies and involved a mall display, distribution of educational materials and media contacts.

Environmental Tobacco Smoke

The dangers of second hand smoke are now well documented and accepted. Over the last few years, legislators and public officials in Canada and the United States have developed legislation and public policies to provide smoke-free areas in public places, the workplace and elsewhere.

Bylaw Respecting Smoking in Public Places

Regina's bylaw was passed in 1980 and provides smoke-free areas in public places such as retail stores, reception areas, service counters in banks and places of public assembly. Regina's bylaw has been similar to other Canadian bylaws except that it did not require restaurants to provide non-smoking sections.

In 1990, the Health Department recommended Council amend the bylaw to require restaurants to provide non-smoking sections. The department used the City's public involvement model to seek the reaction of restaurateurs and the public. By the end of 1990, a survey of restaurateurs had been completed. Of the 26% of restaurateurs who replied, 50% favoured an amendment to the bylaw.

Workplace Smoking Policies

The department continues to provide Regina businesses and workplaces with the expertise necessary to help them develop and implement their workplace smoking policy in the best way possible.

Smoking Cessation

Quit for good

The Surgeon General's report compares the seriousness of tobacco addiction to heroin. The Health Department continues to provide Regina smokers with support services and programs.

Quit For Good, and Quit For Good In The Workplace

A total of 13 smoking cessation programs were held for the general public and for workplaces in Regina. Individual counselling was also provided.

Fitness

Fitness education is part of many Health Department programs including prenatal classes and Quit for Good. Staff also provide presentations regarding fitness.

Davidson Challenge

Health Department employees defeated nine other Saskatchewan Health departments for the second consecutive year to win the 1990 Davidson Cup. The Davidson Challenge, sponsored annually by Saskatchewan Health, promotes cardiovascular fitness by encouraging regular healthy exercise. Employees keep track of time spent in activities such as running and biking.

Ric Shea receives trophy on behalf of the department from J. Knox and J. Dvernichuk of Saskatchewan Health

Communicable Disease

Staff provide information, educational materials and presentations about preventing communicable diseases to Regina citizens. These are provided at immunization clinics, child health clinics, day care centres during public health inspections, at various Health Department programs, through telephone consultations and during home visits. Promotional events such as AIDS Awareness Week and the communicable disease booth at Lifestyles '90 also inform the public about ways to protect themselves from communicable disease.

Safety and Accident Prevention

In all contacts staff have with parents and children, accident prevention and safety is stressed. At each child health clinic site a collection of information related to child safety is made available for parents. Nurses also do education presentations about safety to community groups and school students. Child safety is also stressed during prenatal education.

Table 13. Talks regarding safety, 1990

	Schools	Community	Total
Number of sessions	43	27	70
Number of participants	861	351	1212

Alcohol and Drugs

Red Ribbon Campaign

Regina motorists were encouraged to tie a red ribbon on their vehicle as a symbol of their commitment not to drink and drive over the holiday season. The department supported Students Against Drunk Driving (S.A.D.D.) by participating in the campaign. Five thousand ribbons were distributed by staff and from displays at both Health Department buildings.

Stress

Good stress management is taught throughout many health programs including Quit for Good, the Healthy Lifestyle Workshop, prenatal classes and as part of individual counselling.

Nutrition

Grocery Store Tours

A new method of nutrition education, Grocery Store Tours, was introduced during Nutrition Month. Tours help consumers make wise food choices, such as choosing food low in fat and salt and high in fibre. Tours were conducted for the public and for groups with specific needs including the physically handicapped, pregnant teenagers, persons on social assistance and weight control groups. Sixteen tours were conducted.

Child Hunger

The Health Department has taken an active role in dealing with the problem of child hunger. Regina Food for Learning is a charitable organization dedicated to feeding hungry children and promoting sound nutrition habits. In 1989, the Health Department assigned a nutritionist, part-time, to help the organization meet these goals. In 1990, the program grew from one location serving 30 children to seven locations serving over 500 children. Over 20,000 meals or snacks were served during the year.

Five Breakfast Fairs were held in conjunction with Regina Food for Learning. The fairs are nutrition education events for children and their parents with emphasis on low cost healthy eating. Volunteers also taught seven cooking classes for children and a shopping trip was arranged for students. In total, 447 children and 256 adults participated in these educational activities.

In the fall, Regina Education and Action on Child Hunger (REACH) was created. It is an organization of all charitable child feeding programs in Regina and is funded by city and provincial governments. With the transfer of funding for the department's nutrition position to REACH, the nutritionist will no longer be directly involved in the meal program.

Merit Award

The City of Regina has gained national recognition for its role in dealing with the problem of child hunger. The nutritionist has answered inquiries from other cities and provinces and has spoken at the annual Canadian Dietetic Association Convention in Ottawa about the program.

In June, the Canadian Association of Municipal Administrators named Kay Yee, Health Department nutritionist, recipient of their Merit Award for her work with Regina Food for Learning. The project is innovative because it encompasses not only meal programs but also nutrition education, community development and awareness.

Kay Yee receives Merit Award from Bob Linner, President of CAMA.

Low Income Groups

Nutritionally related health problems are greater among low income groups. A package of nutritional educational resources was developed to increase effectiveness with these groups. Ten sessions for groups at the Saskatchewan Abilities Centre programs, the Mental Health Lifeskills program and S.I.A.S.T. Job Entry program were presented. The nutritionist assists the Department of Social Services and their clients in determining the cost of special diets. Counselling is also provided.

Nutrition Counselling

Over 40% of 1,721 telephone inquiries are for information about cholesterol and fat. Cholesterol lowering diet counselling is provided. Clients also received counselling on topics such as infant and child feeding, allergy diets, nutrition during pregnancy, food budgeting and weight control.

Nutrition Presentations

Many presentations are made to groups in schools, day care centres and the community. Nutrition information is also provided as part of the department's prenatal program and the Quit for Good program. Four nutrition presentations were provided to 61 employees in the City's Pre-Retirement Seminars. Seven sessions were presented to 146 individuals at meetings of self-help weight control groups.

Table 14. Nutrition services, 1989-90

Services	1989	1990
Nutrition consultations	1145	1721
Nutrition counselling sessions	78	119
Group presentations		
number	107	168
attendance	2485	4238
Resources		
evaluated	26	43
developed	48	34
Media contacts		
print	65	54
radio	16	15
television	32	21
Inservices	20	28

Heart Health

The Saskatchewan Heart Health Survey

This study focused on determining the risk for cardiovascular disease among Saskatchewan residents. The Regina Health Department actively participated in planning and implementing the survey. The final report of the survey was published in June and revealed that 17% of Saskatchewan adults had high blood pressure, 50% had elevated cholesterol, 26% of respondents were smokers, one third were overweight and less than half engaged in regular physical activity.

Saskatchewan Heart Health Coalition

As a result of the above survey and with funding from both federal and provincial governments, a coalition of government, health and non-governmental agencies was formed to address problems of heart health. The Health Department is actively contributing as a member of the Executive of the Coalition. The proposed program to reduce cardiovascular disease will be instituted over the period from 1990 to 1996.

Eat Smart For Your Heart

The public's demand for information on diet and heart disease prompted the development of the Eat Smart For Your Heart nutrition classes. Resources for the two hour sessions were developed in conjunction with Saskatchewan Health nutritionists. Seventy-seven people attended the classes.

Making wise food choices for heart health is a common message in most nutrition presentations. The Prairie Heart Savers, a support group for heart transplant recipients and their families, and the Regina Cardiac Rehabilitation Group were two groups for whom this message was extremely important.

Promoting the Heart Smart program.

Cardiopulmonary Resuscitation (CPR)

It is important that nursing staff providing immunization and other health services are qualified in cardiopulmonary resuscitation. Three training sessions were provided to certify staff in CPR.

Health Promotion

"Health promotion is the process of enabling people to increase control over and to improve their health".
(Ottawa Charter for Health Promotion, 1986)

In 1986, the first International Conference on Health Promotion developed a charter for action to achieve "Health for All by the year 2000 and beyond". The conference took a comprehensive view of health as "a positive concept emphasizing social and personal resources, as well as physical capacities".

The Health Department supports the concept of health promotion as outlined in the charter and during 1990 has been involved in activities which exemplify the health promotion process.

Strengthen Community Action

It is important to empower communities to plan strategies to achieve better health. Communities require access to health information and learning opportunities. An example is the Tobacco Accessibility promotion in which tobacco vendors and the public were given information about legislation restricting the sale of tobacco to minors. The liaison work done by the Sunrise Health Program with native and other groups in the city also strengthens the community in its health activities.

An excellent example of strengthening community action is the child hunger program. By assisting the Food for Learning Program to organize food fairs and other activities that address the problem of child hunger, the department has helped strengthen community action.

Creating Supportive Environments

The link between people and the environment means that health promotion must address all social, ecological and other factors that affect the environment. Examples of the department's work in this area include promotion of workplace smoking policies, the monitoring of carbon monoxide and inspection of food handling establishments.

Reorient Health Services

"The responsibility for health promotion must be shared among individuals, community groups, health professionals, health service institutions and governments."

The Health Department seeks to involve individuals and groups in decision making. The City's Public Involvement Model provides for public input and was used to seek reaction from restaurateurs and the public regarding the proposed amendment to the bylaw regarding smoking. The process began in 1990 and will be completed early in 1991.

Develop Personal Skills

Health promotion supports development of personal skills that will enable people to exercise more control over their own health. Many Health Department programs involve assisting people to develop skills. For example, Grocery Store Tours teach healthy food choices, Quit for Good teaches smoking cessation skills and the Nobody's Perfect Program assists with parenting skills.

Build Healthy Public Policy

Building healthy public policy is the cornerstone of Health Promotion. Health will be "on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health" (Ottawa Charter).

The Health Department continues to play an advocate role for healthy public policies and welcomes the participation of other departments, agencies, community groups and individuals. Healthy public policy has been promoted in areas such as environmental tobacco smoke and regulation of care homes for senior citizens.

Health Promotion

Part of health promotion is providing health information that will enhance people's ability to make healthy choices.

Health Education Materials

Producing professional health education materials that reflect current public health research is an important function of the department. Because of the proliferation of health materials available to the public, it is important the department maintain its leadership role in providing reliable health information. During the year the department produced materials about topics such as health services for infants and preschoolers, salt content of processed foods, prenatal classes, vitamins, fluoride supplements, second hand smoke and Nutrition Month.

Health Education Talks

Health Department staff address community groups regarding a variety of health-related topics.

Health Department staff spoke to 903 community groups

Table 15. Health talks to community groups, 1989-90

	1990	1989
Number of health talks	903	822
Number of participants	18,715	17,025

Health Displays

It is important to take health messages to community locations where people congregate. Displays are taken to shopping malls, schools, health fairs and conferences. The department participated in the Welcome Wagon Baby Shower and Plus 50 Showcase, the Seniors' Fair and Lifestyles '90.

Public Affairs

The impact of public health on the community is extensive and multifaceted. Whether it's talking to Regina seniors about nutrition, teaching day care workers about food preparation or promoting not drinking and driving, it is important that the Health Department's communication with the public be clear, timely and effectively target citizens who would benefit from the information.

In 1990, Health Department staff communicated with Regina citizens by a variety of means including:

- presentations to community groups.
- telephone consultations with individuals.
- press releases on public health issues.
- information in the Citizen Information Page in the Leader-Post.
- interviews with print and electronic media.
- appearances on radio and television programs.
- distribution of informational materials including the City's Program Guide and the Water Bill "Advisor".

Several public affairs events deserve mention.

- The new Street Project was extensively reported by the media providing a good opportunity to explain the program to the public.
- The nutritionists' involvement in hunger programs received national media attention on the CBC's Sunday Morning radio show.
- Throughout the year, the Medical Health Officer and Assistant Medical Health Officer provide the news media with many interviews about current public health issues.
- Staff including nutritionists, health educator, public health nurses and public health inspectors provide information about programs, services and health topics on community programs such as Eye on Saskatchewan and the Good Company Show.
- A weekly "Nutrition Matters" column is provided to the Leader-Post.
- Press conferences were held on public issues such as AIDS Awareness Week and the amendment to the bylaw regarding smoking in public places.

Parent and Child Health

The health of parents and children can be promoted by public health programs focusing on families. Families can be a strong force in developing attitudes, knowledge and skills vital to health.

Expectant Parent Programs

Increased knowledge about pregnancy, birth and infant care helps prepare parents for the experiences and responsibilities of pregnancy, delivery and parenting. A healthy lifestyle and ongoing medical supervision during the prenatal period is important to ensure the best outcome for mother and baby.

Public health nurses taught 59 prenatal series or 402 prenatal classes at locations including the Health Department's central and branch offices. Special classes were held at Balfour Tutorial, a specialized educational setting for pregnant teenagers, and Martha House, a residence for single pregnant women. Participating in prenatal classes were 494 mothers, 400 fathers and 96 coaches. Eighty-five percent of the women participating in the classes were primaparas or first time mothers. In total, 1197 primiparas gave birth in Regina during 1990.

Several class formats are provided, the most common being two classes in early pregnancy followed by four classes in later pregnancy. Six consecutive classes are provided for those in later pregnancy and a refresher series is also provided. Prenatal information was also provided through 85 home visits and 219 counselling sessions with school students.

In 1990, 865 or 30.9% of all births were to unmarried women, an increase of 1.6% from 1989. Of these, 121 attended the department's prenatal classes and another 66 were at Balfour Tutorial Classes. A total of 187 or 21% of single women who gave birth in 1990 received prenatal information and counselling through the Health Department.

Healthiest Babies Possible

This program is directed to native women who are pregnant and is administered by the Native Women's Association. Originally funded by Saskatchewan Health, funding for the program was transferred to the City of Regina on April 1, 1990.

Staff for the program are based at the Health Department's branch office with office space, telephone answering and some typing services provided. The two community health workers with the program provide information and follow-up of pregnant native women and their babies. The department provides consultation services to the program staff including a nutritional assessment for each client, and co-operates with the Native Women's Association in furthering the objectives of the program. During 1990, the program had 104 clients and 2,035 home visits were made to clients, 40% of whom were less than 20 years of age. Program staff also co-ordinate the milk supplement program for those women who require this assistance.

Home Visits to Families With Infants And Young Children

Public health nurses provide support in developing parenting skills. There were 3,209 postnatal home visits made to families with new babies.

Family Planning

Birth control, contraceptive information and counselling are offered as part of many public health nursing programs and services including prenatal classes, postnatal home visits, office and telephone counselling, community group presentations and family life classes in schools.

Child Health Clinics

At child health clinics public health nurses assess children's growth and development, screen for health problems (vision, hearing and development) and counsel parents about concerns such as feeding, behavior and toilet training. Immunization is provided as required. Clinics are provided at nine community locations and at the department's central and branch offices.

In October, a weekly evening clinic was started to provide opportunity for parents unable to attend clinics during regular daytime hours.

Table 16. Attendance at child health clinics, 1990

	1990	1989
Number of visits	10021	9650
Number of clinic sessions	622	597
Average attendance	16.1	16.2

During 1990, an analysis and evaluation of immunization services and child health clinics was done including a study of an incident report analysis, time requirements, facilities, and client paper flow. Recommendations will be considered in 1991.

Four Year Old Birthday Check-Ups

All four year olds in Regina are invited by letter to come for a health check-up. The visit includes screening for vision, hearing, speech and development, general health assessment and counselling for parents. Immunization is also given as required. During 1990, 3,026 invitations were sent and 2,028 or 67% of eligible four year olds were seen.

Preschool Vision and Hearing Clinics

Preschool children are screened at special vision and hearing screening clinics. Forty-four clinics were held at department offices and four at day care centres.

Table 17. Preschool children screened for vision and hearing, 1990

	Hearing screening	Vision screening
Total screened	2,036	1993
Number referred	114	104
Percent requiring referral	5.6	5.2

Public health nurses screened over 2,000 preschoolers for hearing problems.

Home Visits

The family and its needs are the focus of the home visit, regardless of the purpose of the visit. Public health nurses made 6,281 home visits during the year. Reasons included postnatal, preschool, adult health, school child follow-up, seniors' health, sudden infant death, suspected child abuse, prenatal and communicable disease.

Health Information Services

The Liaison Nurse responds to inquiries from the public and provides information, advice and counselling.

Table 18. Requests for information, 1990

	Number
Telephone consultations	
·Liaison nurse	4640
·Other nursing staff	6873
Total	11,513
Walk-in consultations	287

Nobody's Perfect Program

This program, developed by Health and Welfare Canada, is an educational program for parents of children from birth to age five. It meets the needs of young, single, low-income, socially or geographically isolated parents or parents with limited formal education. Nobody's Perfect gives parents access to accurate, up-to-date information on their children's health, safety, development and behavior and encourages them to have confidence in their ability to be good parents. Three public health nurses have taken a special training program to become facilitators.

Two programs were offered from October to December, one based at R.J. Davidson Community College and one at the Regina Open Door Society. The department acknowledges the co-operation of these two community agencies in order to provide this program to the participants.

Postpartum Parent Support Program

The Postpartum Parent Support Program (PPSP) was developed by Health and Welfare Canada. Its objective is to provide families with newborn babies with consistent well researched answers to their many questions. The program is designed for use by hospital and public health nurses and orientation sessions were held for nurses from the Health Department and Regina hospitals.

It is hoped that this coordinated effort between hospital and community will result in a more consistent, quality approach in the delivery of services to childbearing families.

Day Care Centres

There are 31 licensed day care facilities and numerous family child care homes in Regina. The Health Department provides a number of preventive health services to day care centres including:

- One hundred and fifty-seven public health nursing visits for vision and hearing screening, communicable disease screening and investigation, health teaching and other concerns. A total of 1,680 children were screened for communicable diseases.
- Public health inspections as part of the licensing procedure of the Department of Social Services.
- Investigation of health-related complaints.
- Food handling courses and instruction in safe food handling and proper sanitation practices.
- Menu planning courses, menu review and nutrition consultation were provided for 74 staff and 50 parents.

School Health

The Health Department provides a comprehensive school health program which serves all Regina schools. Public health nurses spend approximately one-third of their time in schools providing health services. In 1990, these included 482 health education sessions to 10,500 children, counselling sessions with 3,822 parents and 4,863 teachers and 4,876 hours reviewing student health records to assess and provide required follow-up.

Nutrition services are also provided to schools. Presentations to 650 students covered topics such as weight concerns, eating disorders, and nutrient content of diets. An even greater number of students were reached through four workshops provided for 100 teachers. Nutrition resources were also developed for use in the schools.

Table 19. School health services, 1989-1990

Service	Number of Recipients 1990	1989
Communicable disease screening	12933	11697
Classroom information sessions		
-number of sessions	482	435
-number of students	10500	9336
Screening procedures		
-hearing-first this year	7566	7241
-repeat this year	856	759
-referred	284	277
-vision-first this year[1]	15942	19149
-repeat this year	1980	1653
-referred	1079	966
Student counselling(general)	4072	4357
Teacher counselling	4863	4883
Parent counselling	3822	3742
Immunization	3074	3499
First aid	2541	2873
Health assessment	2412	2626
Scoliosis		
-screened	675	244
-referred	9	9
Pregnancy counselling		
-first contact	73	46
-follow-up	146	190

[1]Trained parent volunteers do initial vision screening

Sunrise Health Program

A health team of professionals of Indian origin plans, co-ordinates and delivers a variety of health services. The program's primary goal is to improve the health of Indian people living in the City of Regina. The success of the program depends on a close working relationship with Indian and other agencies including Circle Project, Welfare Rights group, AIDS Regina, City of Regina Community Housing Worker, Elder contact, resource officers in schools, Native Support Network and the Regina AIDS Advisory Committee.

Sunrise Health Program staff made 424 consultative contacts with physicians and health, education or social agencies. Public health nurses made 1,244 visits to homes of native families. Nurses provide public health nursing services to Indian people living throughout the city. The community health worker was involved in a number of activities including home visiting, assisting at child health clinics, schools, day cares and nurseries, answering inquiries from the public and presenting health education programs. The community health worker position was changed to a registered nurse position.

During the year, health information and education sessions were provided for a number of community agencies including Dales House, St. Phillips, Career Planning, Native Addictions Council, Early Learning Centre, Rainbow Youth Centre, Beat the Street, Indian-Metis Re-Entry Program, Riel Human Resources and Gabriel Dumont Institute. Forty-six sessions were provided to 636 individuals.

National Recognition of Program

Stella Sharman represented the Sunrise Program staff at a workshop at the Canadian Public Health Association's Annual Conference in Toronto. The session described the services that the program provides for Indian people living in Regina.

Seniors Health

Seniors Wellness

A number of initiatives in the area of seniors wellness are carried out.

Six information presentations were given to the Seniors Wellness Group at the Cathedral Neighbourhood Centre. A pot-luck lunch before the presentation provides an opportunity for people to socialize. Use is made of Discover Choices material, guest speakers and presentations by the public health nurse. Following the presentation, counselling is offered by a public health nurse and a nutritionist.

A total of 10 seniors clinics were held. At clinics, the public health nurse is available for counselling, blood pressure screening, answering questions and providing information about general health concerns. The nurse is often an advocate and referral agent to facilitate seniors being referred to appropriate resources.

Home Visits

Public health nurses respond to the needs of seniors through home visits and telephone counselling. During the year, 235 home visits were made to seniors.

The liaison nurse also receives and responds to calls from seniors. Inquiries received concern subjects such as heart health, blood pressure, family counselling, pneumonia, alcoholism, arthritis, menopause and medications.

"Active Senior" Television Program

Two nutrition programs were provided for the Active Senior Program on Cable Regina. Many viewers requested the recipes which were demonstrated.

Nutrition Presentations to Seniors Group

Eight nutrition presentations were conducted in seniors' housing complexes and at seniors' activity centres.

Boarding Care Homes

Boarding care homes are private homes in the community providing care for one to three senior citizens. The Health Department was responsible for licensing and monitoring these homes. During 1990, six boarding care homes were licensed and in operation.

Budget and Expenditures

The total cost of operating the Health Department was $3,394,800 . A portion of this amount was transferred to the reserve fund. This figure includes expenditures relating to the two office facilities and maintenance staff. Major program costs were $3,240,200, representing a per capita cost of $18.12 for citizens of Regina. This is based on the 1990 Saskatchewan Health Covered Population of 178,792.

Table 20. Expenditures by major programs, 1990

Program	
Health Administration[1]	$498,000
Environmental Health	506,900
Public Health Nursing[2]	2,042,000
Nutrition	116,100
Health Education	77,200
Total	$3,240,200

[1]including Biostatistics
[2]including Immunization

Revenue

The per capita grant from Saskatchewan Health is the largest proportion of revenue received toward program costs of the department. In 1990-91 the grant was based on 50% of per capita costs to operate an average health region ($8.45). The department also received $40,000 in special grants for the Street Project.

Fees are charged for international travel consultation and immunization, registration for stop smoking classes, boarding care home licenses and outstanding order searches on property. The total fee revenue received was $20,500.

Figure 9. Revenue sources, 1990

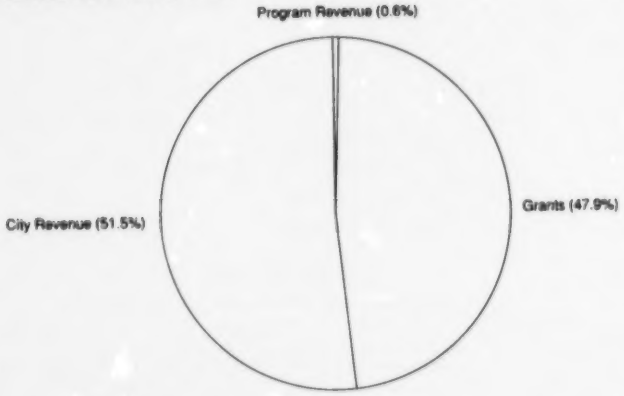
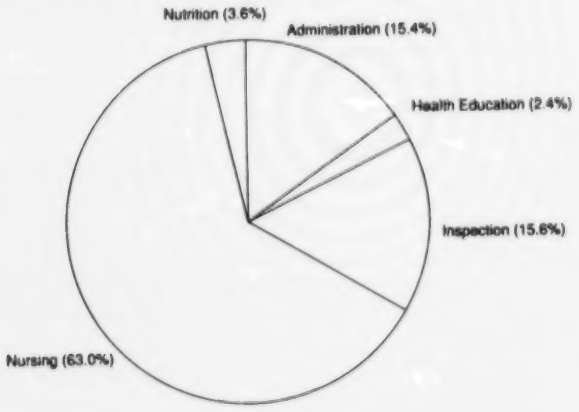


Figure 10. Expenditures by major programs, 1990.



Financial Statement

Expenditures

Salaries	$2,502,100	
Benefits	258,900	
Professional memberships	9,200	
Car allowances	78,100	
Uniforms	14,400	
Supplies and materials	37,600	
Laundry	1,800	
Reference books and subscriptions	4,900	
Education and training publications	1,700	
Audio-visual materials	700	
Seminars, conventions, business trips	15,300	
Printing and duplicating	31,500	
Equipment maintenance	4,300	
Postage/freight	1,400	
Telephone	26,200	
Contracts and miscellaneous	8,900	
Advertising	10,200	
Facility maintenance	154,600	
Furniture/Equipment	8,400	
		$3,170,200[1]
Grants to Healthiest Babies Possible program		27,000
Transfer to Reserve		312,700
Total Expenditures		**$3,509,900**

Revenue

Fees:		
Boarding Care Home license fees	$600	
Medical Services fees (immunization)	11,900	
Other fees - burial permits		
- registration fees	8,000	$20,500
Grants:		
Provincial Per Capita	$1,510,800	
Other Provincial Grants	40,000	
Grants for Healthiest		
Babies Possible (Jan-Mar)	11,600	$1,562,400
From City revenue		$1,927,000
Total Revenue		**$3,509,900**

[1] Including Facility Expenditures